



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R10/10-01)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box →						490874	
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.							
2. Last Name DISON		First Name NANCY		Middle Name		Nick Name	
3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee							
4. Mailing Address 3320 W. 71 ST ST				5. FAX (Optional) (317) 297-0459		6. E-mail address (Optional) ndison@comcast.net	
7. City INDPLS		State IN		Zip Code 46268		8. County MARION	
9. Telephone (Day) (317) 240-6420				10. Telephone (Evening) (317) 297-0459			
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.)			
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.							
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name NANCY DISON FOR PIKE TOWNSHIP TRUSTEES							
14. Mailing Address <input type="checkbox"/> Check if this is a new address 3320 W. 71 ST ST				15. FAX (Optional) ()		16. E-mail address (Optional)	
17. City INDPLS		State IN		Zip Code 46268		18. County MARION	
19. Telephone (317) 297-0459				20. Committee organization date (MM-DD-YY) 2-98			
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson NANCY DISON							
22. Mailing Address <input type="checkbox"/> Check if this is a new address SAME AS ABOVE				23. FAX (Optional) ()		24. E-mail address (Optional)	
25. City		State		Zip Code		26. County	
27. Telephone (Day) ()		28. Telephone (Evening) ()					
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only) GREATER INDPLS - FIREFIGHTER'S CREDIT UNION				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)							
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. NANCY DISON				Signature of the Committee Chairperson (Signature)			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate Candidate as Treasurer <input type="checkbox"/> Check if this is a new treasurer NANCY DISON							
34. Mailing Address <input type="checkbox"/> Check if this is a new address SAME AS ABOVE				35. FAX (Optional) ()		36. E-mail address (Optional)	
37. City		State		Zip Code		38. County	
39. Telephone (Day) ()		40. Telephone (Evening) ()					
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)							
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				Signature of Person Accepting Appointment (Signature)			
SECTION E. CERTIFICATION OF STATEMENT							
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.							
42. Typed or printed name of Chairperson NANCY DISON		Signature of Chairperson (Signature)		Date (MM-DD-YY) 1-20-04			
43. Typed or printed name of Candidate NANCY DISON		Signature of Candidate (Signature)		Date (MM-DD-YY) 1-20-04			
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).							

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